01-5000 2086

## HAPNETT COUNTY HEALTH DEPARTMENT HIPROVEMENT PERMIT

Nº 18446

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construction of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written permit from the Harnett County Health Department." Name: (owner) DOWAID House New Installation Septic Tank Nitrification Line Subdivision Lot # Tax ID #\_\_\_\_\_\_ Quadrant #\_\_\_\_\_ Number of Bedrooms Proposed: \_\_\_\_\_ Lot Size: \_\_\_\_\_\_ 7.75 Garage: Basement with Plumbing: Water Supply: Well ☐ Community Distance From Well: 50 mm Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval. Conventional Other \_\_\_\_ Type of system: Septic Tank://200 gallons Pump Tank: \_\_\_\_\_ gallons Size of tank: No. of ditches 3 exact length of each ditch 115 ft. ditches 3 ft. depth of ditches 18.72 in. Subsurface Drainage Field French Drain Required: \_\_\_\_\_ Linear feet Signed: Manhat Environmental Health Specialist This permit is subject to revocation if site plans or intended use change. DRIVE TRISER ON BOTH ENdS DravE of Soptic Thrk!

## AUTHORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Health Department Improvement Permit # 18446. This authorization shall be valid for a period not to exceed five (5) years from the date of issuance. This authorization will be invalid if ownership, site plans, or intended use change. Owner or Authorized Agent Beller United Holinen Church Name: <u>DONALD HARRO</u> Telephone # <u>852-5922</u> Address: 3367 Meadowlank R& DUNN N.C. Property Location: SR # Hoy 82 Road Name N.C. 92

New Installation \_\_\_\_ Repair \_\_\_ Septic Tank \_\_\_ Nitrification Lines \_\_\_\_ Subdivision \_\_\_\_\_ Lot # \_\_\_\_\_ Number of Bedrooms Proposed: \_\_\_\_\_ Lot size: \_\_\_ Z.25 Basement \_\_\_\_\_ With Plumbing \_\_\_\_\_ Without Plumbing \_\_\_\_\_ Water Supply: Well \_\_\_\_ Public \_\_\_\_ Minimum Well Setback: \_801 \_\_\_ ft. Type of System: Conventional \_\_\_\_ Other \_\_\_\_ Tank Volume: Septic Tank 1700 gallons Pump Chamber \_\_\_\_\_ gallons Nitrification Field Specifications Number of fields 2 Number of Lines per Field 3 Length of lines 115 Width of ditches \_\_\_\_\_\_\_ ft. Depth of ditches \_\_\_\_\_\_ inches French Drain: Linear feet required \_\_\_\_\_ Depth of gravel \_\_\_\_

No wastewater system shall be covered or placed into use by any person until an inspection by the Harnett County Health Department has determined that the system has been installed according to the conditions of the improvement permit and that a valid operations permit has been issued.

Authorized Agent for Harnett County Health Department

Name: Janes Manhauteron Date: 6-21-01

(Revised 2/96)CNSTRCT.WPD